If the patient sometimes cannot govern his movements in walking, that is rather due to the irregularity of the muscular movements than to the existence of paralysis.

4. The disease in the majority of cases terminates in a spontaneous cure, or it may be relieved by various remedies. If death does occur, it is always in consequence of an intercurrent disease.

denly after the first paroxysm, by a paralysis of the affected parts.

4. Almost all the cases terminate in death, in spite of the most varied means of treatment—so that it may be literally said that death is the rule, recovery the exception. Death, moreover, is due to the progress of the disease, which by becoming more and more general, induces apoplectic stupor and death.—*Med. Chir. Rev.*, Oct., 1846, from *Annali Universali*, vol. 117.

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24. *Loss of Language.*—The following interesting cases of loss of memory of language, are related by Dr. Thomas Chambers, in the *London Med. Gaz.*, of September last.

Case I.—"Christian B., a German bootmaker, during the winter of 1842 used frequently to bring his sick child to me, and I often saw it at home, so that I had an opportunity of knowing his habits of mind and body. He was sober and intelligent, but a bad English scholar. In February, being disappointed in his hopes of success in trade, he became morose and dejected. At the beginning of March his wife came to me, stating that her husband had lost the use of his native language, but, what much surprised her, was still able to express himself in the little of ours that he knew. I did not take as a proof of this merely his not understanding my bad German, but could credit the report of his wife, who spoke it perfectly. This symptom was intermittent, as occasionally he seemed as capable of conversation, and as rational as usual. He complained by signs, of pain in the head, and confusion of thought. The bowels were costive, the pulse rapid but soft, and the tongue creamy. There was a feverish heat of skin, but it was at all times moist, and occasionally bathed in copious perspiration. A rapid and trembling action of the hands in taking hold of anything, and a peculiar precipitate manner of putting out the tongue, bore a striking resemblance to what we see in delirium tremens. Though very morose and snappish in general, he was occasionally, without cause, joyous and easy, and always seemed glad to see me. There was no intolerance of light, and he was rather pleased with looking out of the window. He was cupped, purged, and took small doses of mercury, and had cold lotions to the shorn scalp, with some slight benefit. The resemblance of the symptoms to delirium tremens I thought justified an attempt to remove the sleeplessness by morphia, but it did not appear beneficial. His wife, being in constant alarm for her children, had him removed to a lunatic asylum, where at first he seemed better, but, after six days, he suddenly became worse, and died so rapidly (apparently from asthenia), that they had not time to inform his friends of his dangerous state before his death. The body was brought home, and, assisted by Mr. P. Hewett, I examined the head on the 23d of March. The subarachnoid cellular tissue of the vertex contained some clear fluid, and the veins were somewhat congested. The substance of the brain was firm and healthy. The lateral ventricles contained no more fluid than is natural, but their membrane was slightly opaque. The arachnoid of the fourth ventricle had lost its glossy surface, and appeared as if sprinkled with fine grains of transparent sand: that also which covers the medulla oblongata was perhaps rather opaque. There appeared enough to justify us in attributing the man's death to inflammation of the arachnoid, and not to delirium tremens—an opinion which, before death, it would have been difficult to absolutely pronounce.

Case II.—"Harriet C., æt. 12, had typhus fever in December, 1845; she had much delirium and low symptoms, but, as is usual with children, soon got about again, and was able to return to school. However, after a few days' attendance, she was one evening, on returning thence, taken with a fit, of an undecided epileptic character, had rigors, and was again delirious. The delirium was monoto-

nous, and remarkable for her constant repetition of the word "sinner" with every variety of intonation. Wine and bark were, as during her former attack, resorted to, but symptoms of slight effusion in the brain caused its suspension. She recovered after a few weeks so as to be up and dressed, but with the loss of power to pronounce any word except the one she had so often repeated during her fever. This she made serve to express all her ideas; for denial she shook her head and said "sinner:" assent was expressed by the same word, and bread and butter was called "sĭn-ŭn-sĭnnĕr." She perfectly understood all that was said to her, and appeared capable of reading her usual lessons. Blisters were applied behind her ears, and small doses of mercury administered, and at the same time her mother and family were instructed to teach her as they would an infant to talk. I also took opportunities of showing her, by exaggerated motions of my mouth and throat, the way of forming the letters, in the manner in which the born deaf and dumb are instructed, and found her intelligent and ready. She soon acquired the word "yes," and other elementary expressions, and by the end of the spring was able, as her mother told me, "to talk like an old woman." Symptoms of consumption had, however, appeared, and she died this last summer under the care of another medical man, whose kind efforts to obtain a post-mortem examination for me were unavailing."

Dr. Chambers, in his remarks upon these cases, observes, "the instances usually cited of the loss of memory on special subjects are where it has been the consequence of blows or some such external injury to the head; still both it and general loss of memory will occasionally follow typhus fever. In some epidemics it has done so with such marked frequency as to form one of the characteristics of the prevailing disorder. This was the case in the great plague of typhus which followed the famine at Athens in the Dorian war, as we learn from Thucydides (book ii. cap. 49), where he tells us that of those who recovered, some entirely lost the recollection of their former associates, and some even the idea of their own personal identity. The symptom is an unfavourable one at all times, as showing that material mischief is done to the brain, but it is much less unfavourable when a consequence of fever, than where, as in the case of the German bootmaker lately cited, it commences the illness. The history I have related is sufficient to show it to be curable."

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25. *Acute Tuberculosis of the Lungs.* By Professor Hasse.—Acute tuberculosis of the lungs seems to originate wherever, through existing disposition, the mass of fluids have become so saturated as, on a slight occasion, to throw out an inordinate quantity of tuberculous matter. The most frequent occasion is a catarrhal affection: indeed the disease seldom occurs unless thus preceded. Acute tuberculosis may arise either in persons previously free from tubercle, or else in those in whom manifest traces of previous tubercular affection are discoverable; or, finally, it may be grafted upon phthisis already present in a chronic form. Accordingly two forms may be discriminated, a primary and a secondary. The first attacks persons between the ages of 15 and 25, more especially the male sex; the latter those in the prime of manhood, or even advanced age. In very marked cases, one or both lungs are found uniformly loaded with tubercles from the apex to the base. These are always of the miliary form, mostly yellowish and soft, but occasionally gray and more solid. The colour and consistence depend upon the degree of irritation produced in the surrounding textures. The yellow and soft tubercles are found in the centre of a group of red or gray hepatized pulmonary cells, while the gray tubercles are imbedded in a tissue saturated with bloody serum. When the disease is slower in its course, the tubercles are less uniformly miliary, being in a great measure united into little groups, and more densely crowded at the apex than in the base of the lung.

Acute tubercular phthisis proves invariably fatal, very often during the third week. The vital symptoms are very peculiar, bearing so close a resemblance to those of typhus as to lead to mistakes. The diagnosis can only be determined by the stethoscopic signs, and sometimes by the continuance or frequent recurrence of hemoptysis. On examination after death, one or both lungs are found greatly enlarged; they do not collapse when the thorax is opened, are dark-coloured,